FORM Mall Processing Mall Procession

JAN 25 2008

Washington, DC 408

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

Expirer:

Estimated average burden bours per form

SEC USE ONLY

Pretix

DATE RECEIVED

				L_	
Name of Offering (check if this is an an HERITAGE MEDIA CORP	nendment and nam	e has changed	l, and indicate ch	nange.)	
Filing Under (Check box(es) that apply):	X Rule 504	□ Rule 50	5 Rule 506	☐ Section 4(6	5) ULOE
Type of Filing: New Filing X	Amendment				
	A. BASIC ID	ENTIFICAT	ION DATA		
1. Enter the information requested about the	he issuer				— ()))
Name of Issuer (X check if this is an amendme	nt and name has cha	nged, and indic	ate change.)		
HERITAGE MEDIA CORP.					
	mber and Street, Cit	y, State, Zip Co	ode Telephone I	Number (Including A	ī. 0802 <u>3</u> 3
		· 			
Address of Principal Business Operations (No				elephone Number (Is	(403) 313-2585
(if different from Executive Offices)	impei zun Düser Cu	ry, state. Zip Ci)GC) 1	` _ `	•
				-PROCE	CO=>
Brief Description of Business					SOED
LARGE SCREEN ADVERTIS	<u>ING</u>			1441 0 0	6666
ŕ				JAN 30	2008
Type of Business Organization				THOMS	2014
	Limited partnership	almadu fore	ned		
_	•			FINANC	
□ business trust □	limited partnership	or to be totale	<u>a</u> _	Limited	Jability Company
		Month	Year		
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	on: (Enter two-lett		1996 Service abbrevi r foreign lutisdi	stion for State:	D Estimated NV
GENERAL INSTRUCTIONS Who Must File: All issuers making an offerin et seq. or 15 U.S.C. 77d(6).	ig of securities in re	liance on a n e	kemption under R	legulation D or Sect	tion 4(6), 17 CPR 230.501
When to File: A notice must be filed no later to Securities and Bachange Commission (SEC) and address after the date on which it is due, on the control of the date of the security of the control of	han 15 days after the on the carlier of the he date it was maile	c first sale of s date it is received by United S	scuritics in the of yed by the SEC at tates registered or	Tering. A notice is a the address given b r certified mail to th	leemed filed with the U.S. elow or, if received at that at address.
Where to File: U.S. Securities and Exchange				_	•
Caples Required: Five (5) copies of this noti- signed must be photocoples of the manually s	ce must be filed wit signed copy or bear	h the SEC, one typed or print	of which must b	c manually signed.	Any copies not manually
Information Required: A new filing must con any changes thereto, the information requeste Part B and the Appendix need not be filed wi	tain all information al in Part C, and any th the SEC.	requested. An material chan	nendments need o ges from the info	nly report the name rmation previously :	of the lesuer and offering, supplied in Parts A and B.
Filing Fea: There is no federal filing fee.					
State: This notice shall be used to indicate reliance of adopted ULOE and that have adopted this for stall where sales are to be, or have been made, the proper amount shall accompany this form to the notice constitutes a past of this notice a	m. Issuers relying of If a state requires to This notice shall it and must be comple	on ULOE must the payment of be filed in the	file a separate no a fee as a precon	tice with the Securi	ties Administrator in each for the exemption, a fee in
Failure to file notice in the appropriate the appropriate federal notice will not soon the filing of a federal notice.	states will not re	sult in a loss			

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Pach promoter of the issuer, if the issuer has been organized within the past five years: 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10%	or more of a class of equity
accarrities of the issuer:	•
 Each executive officer and director of corporate issuers and of corporate general and managing partner 	ra of partnership issuers; and
Each general numaging partner of partnership issuers.	
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director	General and/or
	Managing Purtner
Full Name (Last name first, if individual)	
*· *	
Heritage Media Corp	
YUNG. ALBERT	
Business or Residence Address (Number and Street, City, State, Zip Code)	
BULD 1, 6020 2 ND STREET S.E. CALGASY, ALB CANADA T2H 2L8	
Check Box(cs) that Apply: ☐ Promoter X Beneficial Owner Xxecutive Officer Xirector	General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Boxes that apply☐ Promoter Beneficial Owner XExecutive Officer X Director ☐ General	l and/or
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City. State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director	☐ General and/or
Managing Pa	tner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General	i end/or
	Managing Partner
Salt Name of an arms from if individuals	
Full Name (Last name first, if individual)	
The state of the s	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(as) that Apply:	☐ General and/or
Check box(88) that Apply: Distribution Distribution Owner Ci Executive Officer Distribution	
The state of the s	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Chock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or
	Managing Pattner
Full Name (Last name first, if individual)	
Business of Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet as necessary.)	
<u> </u>	

					3. INFO	RMATIC	N ABOU	TOFFE	KING				Yes No
Wa.	the later	e anid or a	does the is	usuer inte	nd to sell	, to non-æ	ccredited i	nvestors	in this of	fering?			Yes No
													\$ 5.000 Yes No
	ee ska aff		it inint Au	unership i	nf a sinol	e unit?			,				20
ren per tha	nuneratio	a for solicit ent of a bro persons to	tation of p	urchasers	in connc	cuon Willi The SRC o	sates or so with with	cumues i a state o	r states, li	at the no	me of the	broker or	sion or similar gan associated lealer. If moto for that broker.
Full N	ame (Las	t name firs	n, if indiv	iduzl)	,-								
	HERITA	GE MED	IA CORP				~: C-)	->					
Busin	ess or Res BULD 1	idence Ad 6020 2 ^m	dress (No	imber and	ALGAS	City. State X. ALB C	ANADA	e) <u>T2H 2L</u> 8	<u> </u>				
Namo	of Assoc	iated Brok	er or Doal	C7									
States	in Which	Person L	isted has S	olicited (or Intend	to Solici	Purchase	1.5					All States
	heck "All L] [AK	States" or	check ind [AR]	lividual S [CA]	CO)	(CT)	(DE)	IDC1	(FL)	[GA]	[HI]	[ID]	' - Ku hama
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(M (R	T) [NE		[NH] [TN]	(INJ) [TX]X	(MM) (TU) X	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[OK] [WI]	(OR) (WY)	[PA] [PR]	
Full N	iame (Las	t name fin	st, if indiv	idual)								·	
Busin	ess or Re	sidence Ad	idress (Ni	imper au	d Street,	City, State	e, Zip Cod	e)					
Name	of Assoc	isted Brok	er or Deal	CT	···	<u></u>							"
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Busin	ess or Res	idence Ad	drass (Na	un radun	d Street,	City, State	. Zip Cod	c)	- 				
Name	of Associ	iated Brok	er or Deal	cr 									
		Person Li				to Solicit	Purchase	3					□ All States
	DCCK AII L] [AK]	States" or [AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HJ]	[ID]	. L Un Dimes
ίπ	.] [IN]	[IA]	[KS]	[KY]	[LA]	[MÉ]	[MD]	[MA]	[MX]	[MN]	(MŚ)	(MO)	
[M1			[NH] [NT]	[NJ] [XX]	(NM) [UT]	(NY) [VT]	[NC] [VA]	(ND) [WA]	(OH) (WV)	(OK) [WI)	(OR] [WY]	(PA) [PR}	
						and use ad			·	as neces		· ·	
			4		Py ·								
		C. OFF	RING P	RICE, N	UMBER	OF INV	ESTORS.	EXPUN	SES AN	d use (F PROC	EEDS	

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering,

	range and already exem	into in the columns below the amounts of the securities offered for inged.	Aggregate Offering Price	Amount Already Sold
	Type of Security			\$ -0-
				s -0-
	Equity		1) WAZONAZINI	- <u></u>
		⊠ Common □ Preferred .	• 0	s -Q·
		ies (including warrants)		
	Partnership Interest	\$,,	S0-	\$0-
	Other (Specify		\$0-	\$ <u>-0-</u>
	Total	***************************************	\$ 1,000,000,00	5
		Answer also in Appendix, Column 3, if filing under ULOE.		
σf	ering and the aggregat	ited and non-accredited investors who have purchased securities in this e dollar amounts of their purchases. For offerings under Rule 504, some who have purchased securities and the aggregate dollar amount of 1 lines. Enter "O" if answer is "none" or "zero".		Aggregate
			Number Investors	Dollar Amous of Purchase
		精,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$
	Non-accredited Inv	restors		\$ <u>Q.</u>
	Total (f	or filings under Rule 504 anly)	·	\$ <u> 0-</u>
		Answer also in Appendix, Column 4, if filing under ULOE.		
-	-neither eald but the items	r, to date, in offerings of the types indicated, in the twelve (12) months		
pri pri	carities sold by the issue or to the first sale of a section).	er, to date, in offerings of the types indicated, in the twelve (12) months scurities in this offering. Classify accurities by type listed in Part C-	Type of Security	Dollar Amoni Sold
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1	Intend to non-ac investors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (If yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Ycs	No
AL									
ΛK								<u> </u>	
AZ									
AR									
CA									
CO									
ст									
DE	,								
DC									
PL									
GA									
Вα									
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KS									
KY									
LA									
ME									
MD					·				
МА	-								
МІ									
MN									
MS			<u> </u>						
мо									
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									

1	Intend to soil to non-accredited investors in State (Part B-Item 1)	Type of security to sell credited in State Type of security and aggregate offering price offered in state (Part C. Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
NE							<u> </u>	
NV								
NH						<u> </u>		<u> </u>
ŊJ								
NM	_							
NY								
NC								
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OH								
ок					<u> </u>)
OR								
PA								
RI		<u> </u>		<u> </u>				
SC								
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TX	XX		1	\$1,000.000				
UT								
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VA								
WA								
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WY								
PR_								

check the box to the left of the estimate. The total of the payments listed must equal the adjusted expansion of the payments in the issuer set forth in response to Pari C. Our stion 4.6 above.

gross proceeds to the issuer set forth in re	sponse to Parl C - Question (Payments to Officers Directors & Affiliates	Payments To Others
Salarius and fees		,	. 🗆 \$ <u>.0.</u>	D\$0+
Purchase of real estate		*****	. 🗅 S <u>-0-</u>	E1\$.0
Purchase, cental or leaving and in	stullation of machinery and (equipment	. 🗆 S <u>-0-</u>	D\$ <u>-0-</u>
Construction or leasing of plant b	ouildings and facilities	.,	. 🗆 \$ <u>.0.</u>	□\$ <u>-0-</u>
Acquisition of other husinesses (i offering that may be used in exchissuor pursuant to a merger)	umee for the assets of securi	lies of another	. 🗅 \$ <u>-0-</u>	
Repayment of indebtodness				D\$_ <u>-0-</u>
Working capital			.xx \$ 20,000.00	3 5 973,400.00
Other (specify):			_D \$ <u>-0-</u>	\$0
			0 \$ -0-	\$
Column Totals				
Total Payments Listed (column to	otals added) 🖸			Ø \$ 993,400.00
	D, FEDERA	LSIGNATURE		
The issuer has duly caused this notice to ollowing signature constitutes an undertal file staff, the information furnished by the tener (Print or Type) HERITAGE MEDIA CORP	king by the issuer to furnishe issuer to any non-access Signature Augusture	th to the U.S. Securities lited investor pursuant	and Exchange (b)	Commission, upon written request
Name of Signer (Prin) or Type)	Title of Signer (Print or Type)	/		
ALBERT YUNG	CFO			
	ATE	ENTION _		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E CTATE SICNATURE	
	E. STATE SIGNATURE	
1. Is any party described in 17 CFR such rule?	230.252(c). (d), (e) or (f) presently subject to any of the	ne disqualification provisions of Yes No
	Sec Appendix, Column 5, for state response.	
2. The undersigned issuer hereby u a notice on Form D (17 CFR 23)	ndertakes to furnish to any state administrator of any s 9.500) at such times as required by state law.	tate in which this notice is filed,
3. The undersigned issuer hereby furnished by the issuer to offered	undertakes, to furnish to the state administrators, upoes.	on written request, information
Uniform Limited Offering Exen	is that the issuer is familiar with the conditions that must aption (ULOE) of the state in which this notice is filed exemption has the burden of establishing that these con	and understands that the issuer
The issuer has read this notification behalf by the undersigned duly auth	and knows the contents to be true and has duly cause corized person.	d this notice to be signed on its
Gamer (Print or Tyro)	Sigmostro	Dose
HERITAGE MEDIA CORP	Albud Yung	gan.11/08
Name of Signer (Print or Type)	Visin of Signer (Print or Type)	
ALBERT YUNG	CEO	
Instruction: Print the name and title of the signing re Form D must be manually signed. Any printed signatures.	presentative under his signature for the state portion of this a copies not manually signed must be photocopies of the man	form. One copy of every notice on ually signed copy or bear typed or

 $\mathbb{E}\mathcal{N}\mathcal{D}$

APPENDIX